

MDR Tracking Number: M5-04-3462-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 06-11-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. The IRO agrees with the previous determination that the manual traction and office visits with manipulation rendered from 06-11-03 through 07-01-03 **were** medically necessary. The IRO agrees that all remaining services and procedures rendered from 06-11-03 through 07-01-03 **were not** medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 06-11-03 through 07-01-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Findings and Decision and Order are hereby issued this 23rd day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-3462-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider:	
Name of Physician: (Treating or Requesting)	

July 30, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

Patient is a 29-year-old male who, on ____, injured his lower back when he was grinding a heavy piece of metal and then attempted to move it. Immediately afterwards, he felt a pop in his lower back followed by pain. He was treated initially by the company doctor, but

then presented himself to a doctor of chiropractic who began conservative chiropractic care, physical therapy and rehabilitation.

REQUESTED SERVICE(S)

Office visits with manipulation (99213-MP), therapeutic exercises (97110), group exercise therapy, 2 or more individuals (97150), myofascial release (97250), manual traction (97122), joint mobilization (97265), and range of motion measurements (95851) for dates of service 06/11/03 through 07/01/03.

DECISION

The manual traction (97122) is approved, and the office visits with manipulation (99213-MP) are approved.

All remaining service and procedures within the time frame are denied.

RATIONALE/BASIS FOR DECISION

In this case, there was adequate documentation to substantiate the presence of a disc and nerve injury. Therefore, the medical necessity of manual traction and chiropractic adjustments can be supported for up to 12 weeks post-injury. However, in terms of the rest of the physical therapy prescribed, there was no supporting evidence to demonstrate any significant benefit derived from continued usage of it past an 8-week trial. In fact, upon review of the daily treatment notes for the time frame in dispute, the patient's pain level continued at "8" out of a possible 10 (with "10" representing excruciating pain). Since no reexaminations were performed and no changes in the treatment plan were recommended, there was no basis to continue with a course of therapy that was not providing any significant benefit.

Further, there was no evidence to support the need for continued monitored therapy. Services that do not require "hands-on care" or supervision by a health care provider is not considered medically necessary, even if they are performed by a health care provider. In addition, physical medicine treatment requires ongoing assessment of a patient's response to prior treatment and modification of treatment activities to effect additional gains in function. Continuation of an unchanging treatment plan, performance of activities that can be performed as a home exercise program, and/or modalities that provide the same effects as those that can be self applied are not indicated. After 8 weeks of supervised therapy, the patient should have been adequately trained and prepared to continue his exercise regimen in a home-based program. Any gains obtained in this time period would

have likely been achieved through performance of a home program and are thus, not medically necessary. Therefore, the medical necessity of continued group exercise programs (97150), supervised therapeutic exercises (97110), and myofascial release (97250) during this time frame were not supported.

Insofar as the joint mobilization (97265) was concerned, this procedure was a component of chiropractic manipulation (99213-MP) that was already performed on these dates of service, so the performance of this additional service was duplicative and as such, not medically necessary.